



Check It Off!

New Employee Benefits Checklist

Use this checklist as a guide, along with the [Insurance Plan Information](#) webpage, to help keep track of the selections you wish to make for your State of Michigan benefits. You will need this information when you contact the MI HR Service Center* to enroll. If you are covering any other individuals on your benefits, be prepared to provide their Social Security number and birth date when you call, do not wait until you have the official documentation.

For additional plan descriptions, [rates](#), and [eligibility](#) information visit the Employee Benefits Website at www.mi.gov/employeebenefits then select the New Employee tab. The MI HR Service Center* can also provide additional eligibility and rate information (contact information below).

NOTE: You must enroll in your benefit plans within 31 days of your hire date, or during the annual Insurance Open Enrollment period unless otherwise noted.

Health Care

Select one [health care](#) plan and one corresponding coverage option below.

☐ **State Health Plan PPO / Blue Cross Blue Shield of Michigan (BCBSM)** ☐ Employee only ☐ Employee and Spouse ☐ Emp and Child(ren) ☐ Full Family

☐ **Health Maintenance Organization (HMO)** ☐ Employee only ☐ Employee and Spouse ☐ Emp and Child(ren) ☐ Full Family
Choose a corresponding plan below

Select an
HMO plan
(eligibility subject to
[zip code](#) region)

☐ Blue Care Network (BCN)

☐ Health Plus of MI

☐ Health Alliance Plan (HAP)

☐ Physicians Health Plan (PHP)

☐ Priority Health Plan

☐ McLaren Health Plan

☐ **Catastrophic Health Plan/BCBSM** ☐ Employee only ☐ Employee and Spouse ☐ Employee and Child(ren) ☐ Full Family
(\$50 rebate bi-weekly*)

☐ **Decline All Health Insurance** (\$50 rebate bi-weekly*)
* If you are covered by your spouse who is a current State employee or retiree, you will not receive the bi-weekly rebate.

Vision Care

Select one [vision care](#) plan and corresponding coverage option below.

☐ **State Vision Plan/BCBSM** ☐ Employee only ☐ Employee and Spouse ☐ Employee and Child(ren) ☐ Full Family

☐ **Decline Vision Insurance**

Dental Care

Select one [dental care plan](#) and corresponding coverage option below.

☐ **State Dental Plan/Delta Dental** ☐ Employee only ☐ Emp and Spouse ☐ Emp and Child(ren) ☐ Full Family

☐ **Dental Maintenance Organization (DMO)/ Midwestern Dental** ☐ Employee only ☐ Emp and Spouse ☐ Emp and Child(ren) ☐ Full Family
(eligibility subject to [zip code](#) region)

☐ **Preventive Dental Plan/Delta Dental** ☐ Employee only ☐ Emp and Spouse ☐ Emp and Child(ren) ☐ Full Family
(\$100 lump sum rebate*)

☐ **Decline All Dental Insurance** (\$100 lump sum rebate*)
* If you are covered by your spouse who is a current State employee or retiree, you will not receive the rebate.

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Employee Life Insurance

Select one [employee life insurance](#) plan below.

- ☐ **2x Life Insurance** (two times your basic annual salary rounded up to the next \$1,000 up to a maximum of \$200,000)
- ☐ **1x Reduced Life / Bi-weekly rebate** (100% of your basic annual salary up to a maximum of \$50,000)

Dependent Life Insurance

Select one [dependent life insurance](#) plan below.

- ☐ **Spouse \$1,500 and / or child(ren) \$1,000**
- ☐ **Spouse \$5,000 and / or child(ren) \$2,500**
- ☐ **Spouse \$10,000 and / or child(ren) \$5,000**
- ☐ **Spouse \$25,000 and / or child(ren) \$10,000**
- ☐ **Child(ren) only \$10,000**
- ☐ **Decline Dependent Life Coverage**

Note: If you are married to another State of Michigan employee, only one of you may cover your child(ren) under this plan. In addition, you cannot cover your spouse who is a State of Michigan employee or retiree as they are covered by an individual life insurance policy.

Long Term Disability (LTD)

Select one [long term disability](#) option below.

- ☐ **Long Term Disability (LTD)**
- ☐ **Decline LTD coverage**

401K & 457 Plan

The State of Michigan will contribute an amount equal to 4% of your gross wages to your 401(K) for retirement, and match up to 3% of your bi-weekly contributions (contributions are subject to IRS guidelines). Additionally, if you were hired on or after 1/1/2012 you will be enrolled in a Personal Healthcare Fund deposited into your 401(K) with a bi-weekly contribution of 2%; the State of Michigan will match up to 2% of that contribution. Voya Financial Inc. will send an information packet to you, and you can make changes at any time. Additional information is available at stateofmi.voyaplans.com. **Note:** You may opt out of the Personal Healthcare Fund by contacting Voya Financial Inc.

- ☐ **Voya Financial Inc. 1-800-748-6128**

457 Plan enrollment is completed by Voya Financial Inc. You need to contact Voya Financial Inc. to start your bi-weekly contributions. Voya Financial Inc. will send an information packet to all new employees and you may enroll at any time. Additional information is available at stateofmi.voyaplans.com.

- ☐ **Voya Financial Inc. 1-800-748-6128**

Health Care Flexible Spending Account (FSA)

Please review all [Health Care FSA](#) information carefully and estimate eligible health care expenses accurately, as changes are only allowed during the annual FSA Open Enrollment, or only under limited circumstances as provided by established IRS guidelines.

- ☐ **Health Care Flexible Spending Account**

\$_____ bi-weekly amount x _____ remaining pay periods this calendar year = \$_____ yearly total

Dependent Care Flexible Spending Account (FSA)

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Please review all [Dependent Care FSA](#) information carefully and estimate eligible dependent care (e.g., day care expenses) accurately, as changes are only allowed during the annual FSA Open Enrollment, or under limited circumstances as provided by established IRS guidelines.

☐ **Dependent Care Flexible Spending Account**

\$_____ bi-weekly amount x _____ remaining pay periods this calendar year = \$_____ yearly total

Qualified Transportation Fringe Benefits (QTFB)

You can enroll in a [QTFB](#) account at any time. Enrollments must be future dated and will always take effect the first day of the month that you choose.

☐ **QTFB Account** \$_____ (bi-weekly amount)

Benefits for Life (Voluntary Benefits)

Enrollment is completed by contacting the [Benefits for Life](#) Call Center at 888-VALUE-95 (888-825-8395)

☐ **Benefits for Life**

Optional coverage plans include; Discount Plan, Legal Plan, Auto & Home Insurance, Critical Illness, Supplemental Term Life, Universal Life, AD&D, and Accident Insurance (Enrollment in Auto & Home, and AD&D is available at any time throughout the year).

Supporting Documentation

Send copies of your [supporting documentation](#) to the MI HR Service Center! When you add individuals to your State of Michigan benefits you must submit the following legal documents within 31 days of your hire date for your enrollment to be valid.

☐ **Spouse** - marriage certificate

☐ **OEA*** - [CS-1833 Enrollment Application & Affidavit](#), proof of age **and** joint residency documentation (see page 2 of Enrollment Application & Affidavit for examples of acceptable documentation).

**The following groups participate in OEA benefits: NERE and Bargaining Units MSEA, SEIU local 517M & UAW*

☐ **Dependent children** - birth certificate, adoption certificate or guardianship papers

☐ **Dependent children ages 19 to 25** (dental and vision coverage) - birth certificate, school record of enrollment **and** [CS-1830](#) Student Verification of Eligibility form.

MI HR Service Center

Phone: (877) 766-6447

Fax: (517) 241-5892

Mail: Civil Service Commission
MI HR Service Center
PO Box 30002
Lansing, MI. 48909

Michigan Relay: 711 (individuals with hearing loss)

* Legislative and Judicial employees should contact their agency HR Office to enroll in their benefit selections.

This checklist is a summary of benefit offerings and is not intended to replace or substitute for [benefit plan booklets](#), collective bargaining agreements, or Civil Service Rules and Regulations.